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From: D. Scott Sudderth
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TO:	Examiner Peter P. Nerbun	COMPANY:	Art Unit 3765 - Commissioner for Patents
FAX:	703-872-9306	PAGES:	18 (including cover)
PHONE:	703-308-0955	DATE:	8/13/2004
REGARDING:	U.S. Patent Application No. 10/634,208	Attorney Docket No.	C002 1051.1
Agent's Reference No.		Accounting Number	38008.0072.1

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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In re Application of:
Card et al.

OFFICIAL

Serial Number: 10/634,208

Filing Date: August 5, 2003

Title: YARN FEED SYSTEM FOR TUFTING MACHINES

Attached in connection with the above-identified patent application are the following:

Certificate of Facsimile Transmission
Amendment Transmittal Letter
Amendment

1201 West Peachtree Street, Suite 3500
ATLANTA 412143v1

Atlanta, GA 30309-3574

Telephone (404) 872-7000

Fax: (404) 888-7490

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Card et al.) Docket Number: C002 1051.1
Application Number: 10/634,208)
Filing Date: August 5, 2003)
Title: YARN FEED SYSTEM FOR)
TUFTING MACHINES)

CERTIFICATE OF FACSIMILE TRANSMISSION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the following papers are being facsimile transmitted to the
U.S. Patent and Trademark Office on the date shown below.

Amendment Transmittal Letter
Amendment

August 13, 2004
Date

Cheryl West
(Printed Name of Person Faxing Corresp.)

Cheryl West
(Signature of Person Faxing Corresp.)

ATLANTA 412141v1

In re **PATENT** application of: **Card, et al.**
 Serial No: **10/634,208**
 Filed: **August 5, 2003**
 Title: **Yarn Feed System for Tufting Machine**

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AMENDMENT TRANSMITTAL LETTER

OFFICIAL

Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ A check in payment of the fee is attached.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate SE/LE	Additional Fee
Total Claims	44	- 47	= 0	X \$9/\$18	= \$0.00
Indep Claims	5	- 5	= 1	X \$43\$86	= \$0.00
			Total Additional Fee for this Amendment = \$0.00		

- ☐ A check in the amount of \$ is enclosed.
☐ The Commissioner is hereby authorized to charge the Amendment Fee of \$0 to our Deposit Account No. 09-0528.
☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

8/13/04
 Date

Respectfully submitted,

D. Scott Sudderth
 D. Scott Sudderth
 Reg. No. 34,026

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Docket Number: C002 1051.1